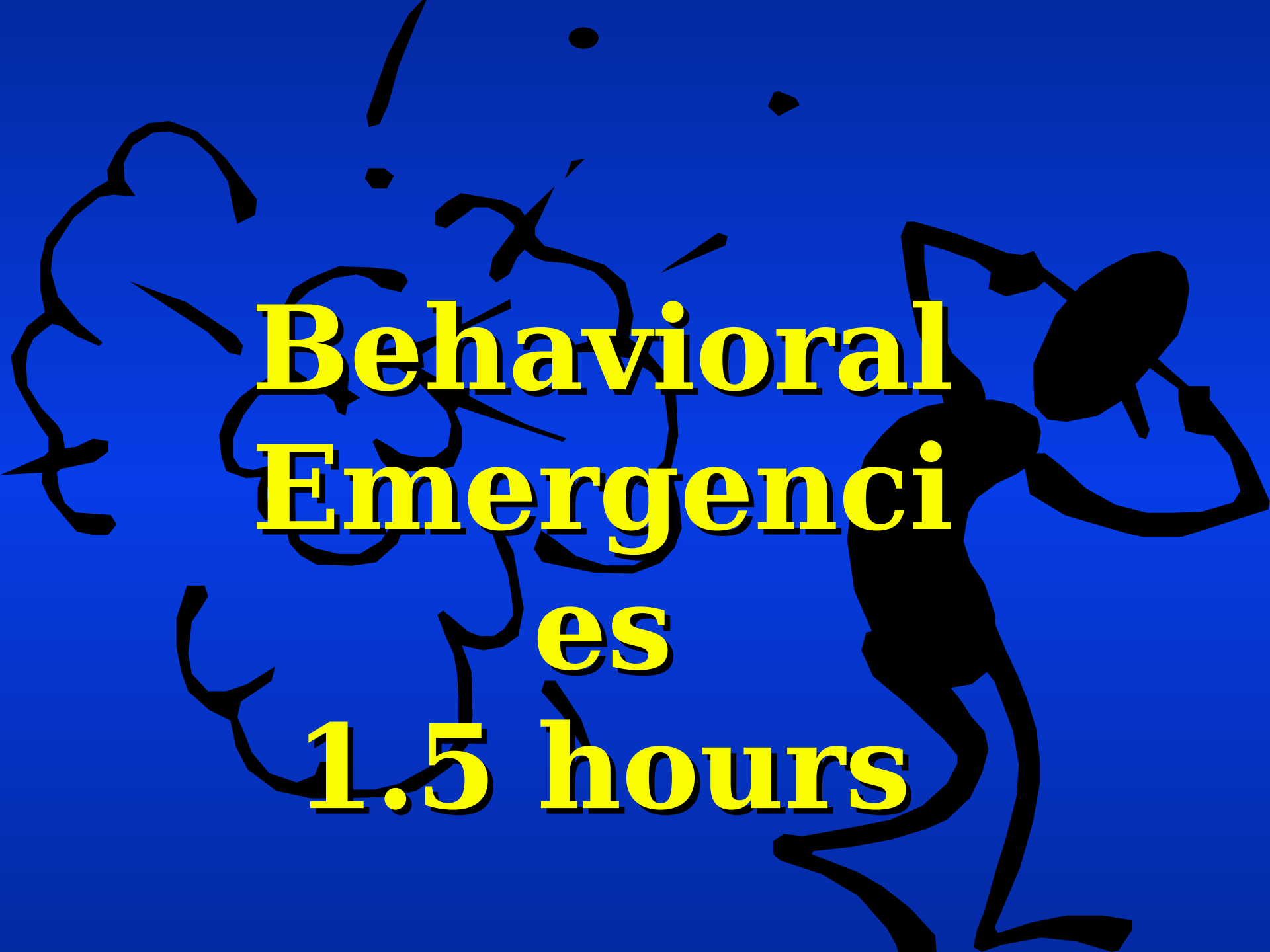
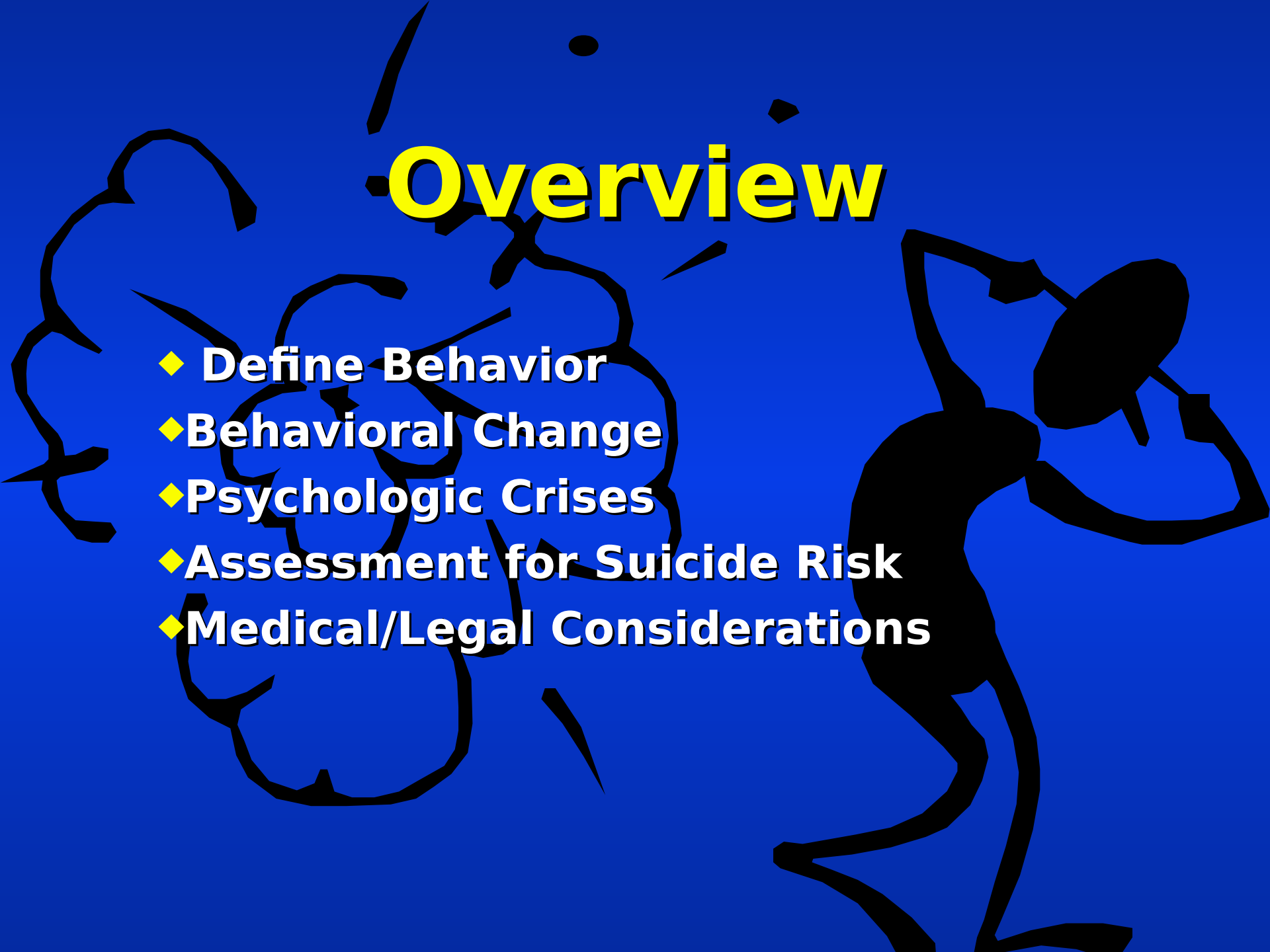

Behavioral
Emergenci
es
1.5 hours

Overview

- Define Behavior
- Behavioral Change
- Psychologic Crises
- Assessment for Suicide Risk
- Medical/Legal Considerations



Overview

- Principles for Assessing Behavioral Emergency Patients
- Assessment of Potential Violence
- Restraining Patients
- Other Behavioral Problems

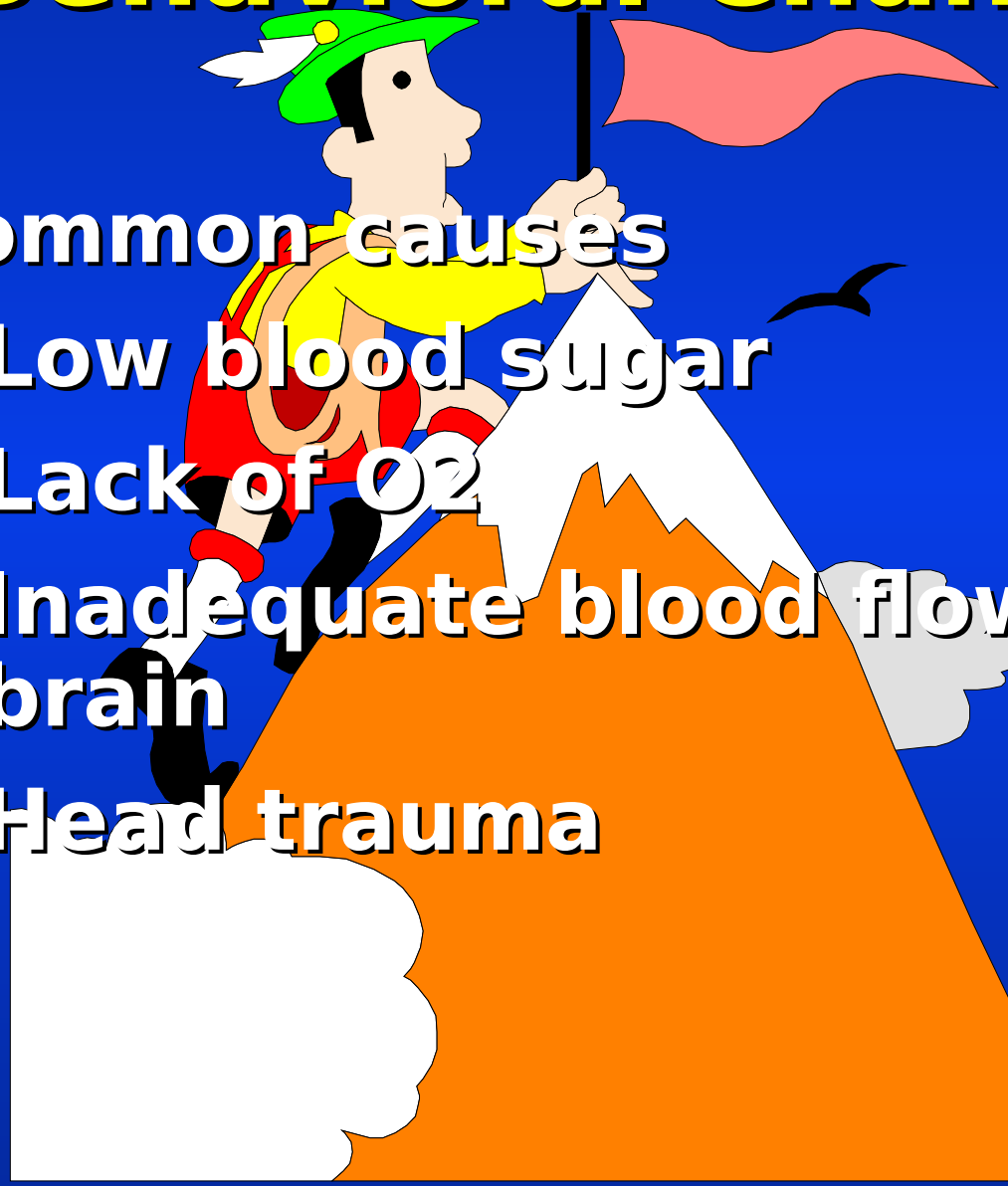
Behavior

- Manner in which a person acts or performs any or all activities of a person, including physical and mental activity

Behavioral Emergency

- Situation where patient exhibits abnormal behavior within a given situation that is unacceptable or intolerable to the patient, family, or community.

Behavioral Change



- Common causes
  - Low blood sugar
  - Lack of O2
  - Inadequate blood flow to brain
  - Head trauma

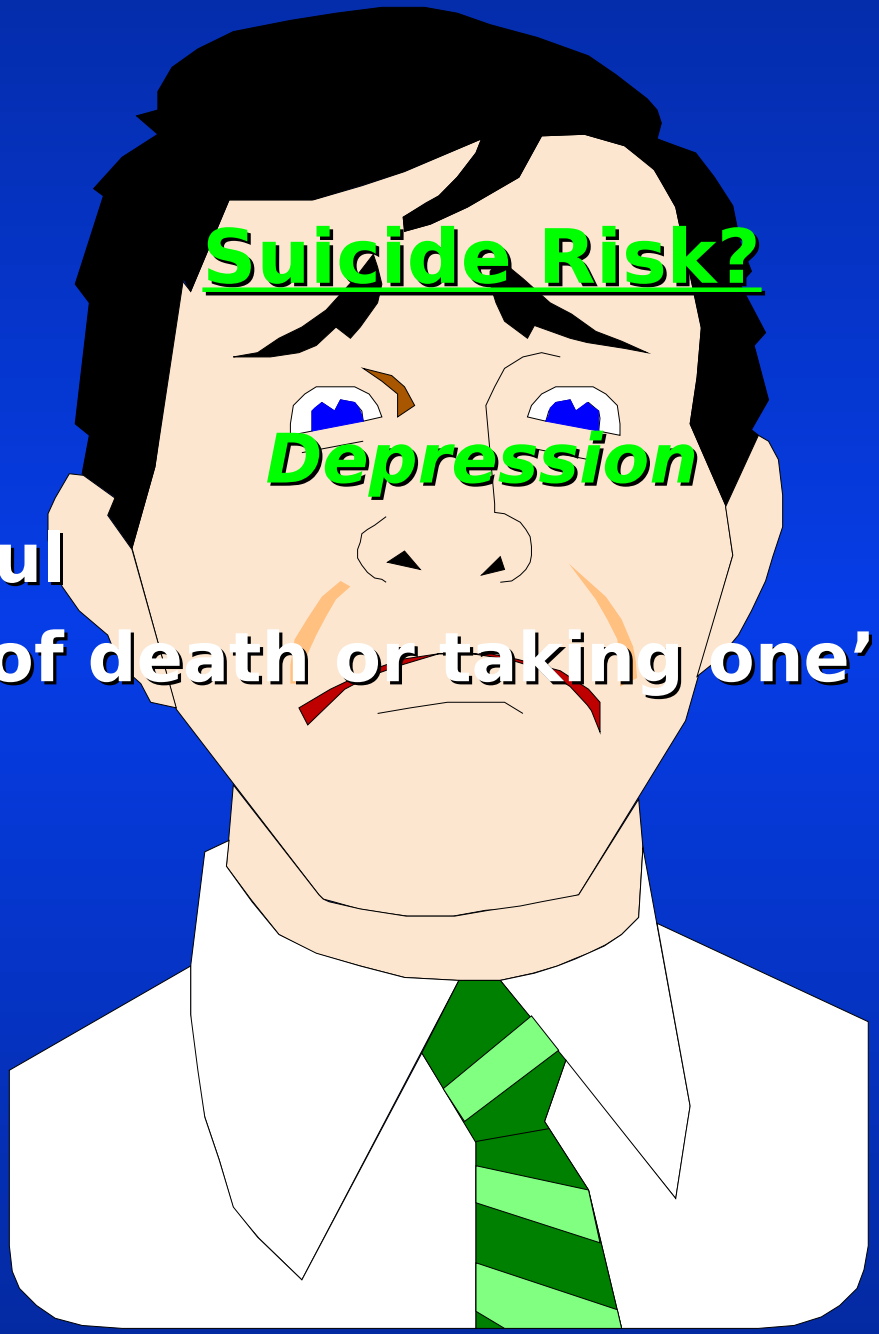
Behavioral Change

- Common causes
  - Mind altering substances
  - Psychogenic
  - Excessive cold
  - Excessive heat

Psychologic Crises

- Panic
- Agitation
- Bizarre thinking and behavior
- Danger to self - self destructive behavior, suicide
- Danger to others - threatening behavior, violence

Suicide Risk?



Depression

Sad, tearful

Thoughts of death or taking one's life

Suicidal Gestures

EMT - Basic must recognize and intervene in self-destructive behavior before the patient commits the act of suicide

Risk Factors for Suicide

- Individuals over 40, single, widowed or divorced, alcoholic, depressed
- Defined lethal plan of action has been verbalized
- Unusual gathering of articles which can cause death (gun, large volumes of pills)

Risk Factors

- Previous history of self-destructive behavior
- Recent diagnosis of serious illness
- Recent loss of significant loved one
- Arrest, imprisonment, loss of job

Assessment Findings

- Patient in unsafe environment-unsafe objects in hand.
- Displaying self-destructive behavior during initial assessment or prior emergency response

- **Important questions to be considered:**
  - **How does the patient feel?**
  - **Determine suicidal tendencies**
  - **Is patient a threat to self or others?**
  - **Is there a medical problem?**
  - **Interventions?**

Emergency Medical Care

- Scene size-up, personal safety
- Patient assessment
- Calm the patient-do not leave alone
- Restrain if necessary. Consider need for law enforcement.
- Transport
- If overdose, bring meds or drugs found to medical facility.

Medical/Ethical Considerations

- Disturbed patient who consents to care minimizes legal problems
- What if patient resists treatment?
  - Emotionally disturbed patient will often resist treatment
  - May threaten EMT-Basics and others

Medical/Legal Considerations

- What if patient resists treatment?
  - To provide care against patient's will, you must show a reasonable belief the patient would harm himself or others
  - If a threat to self or others, patient may be transported without consent after contacting medical direction
  - Usually law enforcement is required

Avoiding Unreasonable Force

- Depends on what force was necessary to keep patient from injuring himself or others. Determined by:
  - Patients size and strength
  - Type of abnormal behavior
  - Sex of patient
  - Mental state of patient
  - Method of restraint

Avoiding Unreasonable Force

- After a period of combativeness and aggression some calm patients may cause unexpected and sudden injury to self and others
- Avoid acts or physical force that may cause injury to patient
- EMS personnel may use reasonable force

Police and Medical Direction Involvement

- The standard communication techniques are ineffective in altering disruptive behavior.
- Therefore, special techniques are required for dealing with such patients

Protection Against False Accusations

- Documentation of abnormal behavior exhibited by patient is very important
- Have witnesses in attendance especially during transport
- Accusing EMT-Basics of sexual misconduct is common by emotionally disturbed patients- have help, same sex attendants, and third party witnesses.

Principles for Assessing

- Identify yourself
- Inform them of what you are doing
- Ask questions in a calm, reassuring voice
- Do not be judgemental
- Rephrase or repeat what is said
- Acknowledge patients feelings

Assess patients mental status

- Appearance
- Activity
- Speech
- Orientation for time, person, and place

Assessment of Potential Violence

- Scene size-up
- History? Check with family and bystanders
- Posture? Stands or sits in a position which threatens self or others.

Assessment of Potential Violence

- Vocal activity-yelling or verbally threatens harm to self or others
- Physical activity-moves toward caregiver, carries heavy or threatening objects, has quick irregular movements, muscle tense.

Methods to Calm Behavioral Emergency Patients

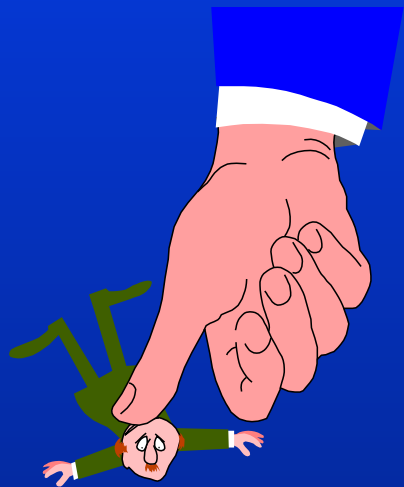
- Acknowledge persons feelings
- Inform him of what you are doing
- Ask questions in a calm, reassuring voice
- Maintain a comfortable distance
- Encourage the patient to state what is wrong
- Do not make quick moves

Methods to Calm Patients

- Respond honestly to patient's questions
- Do not threaten, challenge or argue with disturbed patients
- Tell the truth, do not lie to the patient
- Do not "play along"
- Involve trusted family members or friends.

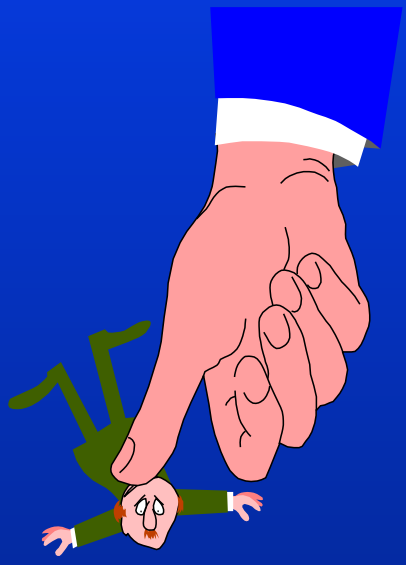
Methods to Calm Patients

- Be prepared to stay at scene for a long time. Always remain with patient
- Avoid unnecessary physical contact. Call additional help if needed.
- Use good eye contact



Restraining Patient

- Should be avoided
- If possible, have police present
- Get approval from medical direction



When restraints are necessary...

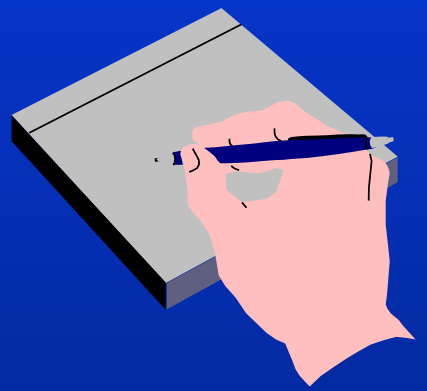
- Have adequate help
- Plan your activities
- Use only force necessary for restraint
- Estimate range of motion of patients arms and legs
- Decision is made-act quickly!

- Have one EMT-B talk patient through restraining
- Approach with 4 persons
- Secure limbs
- Turn patient face down on stretcher
- Secure to stretcher with multiple straps

- Cover face with surgical mask
- Reassess circulation frequently
- Document indication for restraining patients and technique
- Avoid unnecessary force

Other Behavioral Problems

- Always try to talk patient into cooperation
- Do not belittle or threaten patients
- Be calm and patient in your attitude
- Do not agree with disturbed thinking
- Be reassuring



Other Behavioral Problems

- Avoid arguing with irrational patients
- Suggest appropriate steps to take
- Lower distressing stimuli
- Avoid restraints unless necessary
- Treat with respect

Summary

- Behavior
- Behavioral Change
- Psychogenic Crises
- Assessment for Suicide Risk
- Medical/Legal Considerations

Summary

- Assessing Behavioral Patients
- Assessment of Potential Violence
- Methods to Calm Behavioral Patients
- Restraining Patients
- Other Behavioral Problems

QUESTIONS?